

Public Employees Benefit Trust of CA (PEBT)



PEBT Health Plan
Public Employees Benefit Trust

HMO BENEFIT COMPARISON – 2012 Plan Year Brief Explanation of Benefits

	Health Net Salud Network	Kaiser	UnitedHealthcare (PacifiCare) Full - Network	UnitedHealthcare (PacifiCare) Narrow - Network
<i>OUTPATIENT</i>				
Physician - Office Visit	\$15 co-pay	\$10 co-pay	\$10 co-pay	\$15 co-pay
Specialist - Office Visit	\$15 co-pay	\$10 co-pay	\$10 co-pay	\$15 co-pay
Preventive Care - Physical Exams	No Charge	No Charge	No Charge	No Charge
Allergy Testing	No Charge	\$10 co-pay	\$10 co-pay	\$15 co-pay
Diagnostic X-Ray & Laboratory	No Charge	No Charge	No Charge	No Charge
Out Patient Surgery	20%	\$10 co-pay	No Charge	No Charge
<i>IN-HOSPITAL</i>				
Hospitalization	\$250 co-pay/Admission	No Charge	No Charge	No Charge
Skilled Nursing Facility	20% up to 100 days	No Charge up to 100 days	No Charge up to 100 days	No Charge up to 100 days
<i>EMERGENCY</i>				
Emergency Coverage	\$50 co-pay; Waived if hospital admitted	\$50 co-pay; Waived if hospital admitted	\$50 co-pay; Waived if hospital admitted.	\$50 co-pay; Waived if hospital admitted.
Ambulance Services	\$50 co-pay	No Charge	No Charge	No Charge

This HMO Benefit Comparison is a Brief Explanation of Benefits. If there is any difference between the preceding and the specific HMO Plan's Summary Plan Description (SPD), the benefits as set forth in the SPD will prevail.

	Health Net Salud Network	Kaiser	UnitedHealthcare (PacifiCare) Full - Network	UnitedHealthcare (PacifiCare) Narrow - Network
<i>OTHER SERVICES</i>				
Durable Medical Equipment	No Charge	No Charge up to \$2,000 max./yr.	No Charge up to \$5,000 max./yr.	No Charge up to \$5,000 max./yr.
Home Health Services	\$10 co-pay up to 100 days max. per cal. yr.	No Charge up to 100 visits per cal. yr.	No Charge up to 100 visits per cal. yr.	No Charge up to 100 visits per cal. yr.
Sterilization <ul style="list-style-type: none"> • Male (Vasectomy) • Female (Tubal Ligation) 	\$100 co-pay \$100 co-pay	\$10 co-pay \$10 co-pay	\$50 co-pay \$100 co-pay	\$50 co-pay \$100 co-pay
Infertility Studies	50% of allowed charges	\$10 co-pay	Not covered	Not covered
Alcohol & Drug Abuse-Detox <ul style="list-style-type: none"> • Out Patient • In Patient 	\$15 co-pay No Charge	\$10 co-pay/Individual No Charge	No Charge No Charge	No Charge No Charge
Mental Health Services <ul style="list-style-type: none"> • Outpatient • In Patient 	\$15 co-pay No Charge	\$10 co-pay/Individual No Charge	\$10 co-pay No Charge	\$15 co-pay No Charge
<i>PRESCRIPTION COVERAGE</i>	\$10 Generic \$15 Brand \$35 Non-Formulary Up to a 30 day supply	\$10 Generic \$15 Brand Up to a 100 day supply	\$10 Generic \$20 Brand \$40 Non-Formulary Up to a 30 day supply	\$10 Generic \$20 Brand \$40 Non-Formulary Up to a 30 day supply

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